FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)								Of	fice use o	ınlı			
1. NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Exar over	nple: If typyi the lines	ng, type		12FE	=4M5						_
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COMMITTEE'S FAX N	NUMBER													
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2. DATE 0.2	1 / D D / Y	2009°												
3. FEC IDENTIFICA	ATION NUMBER	(C C00	351056										
4. IS THIS STATEM	MENT NEW	/ (N) OR	X	AMEN	DED (A)									
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is t	rue, correc	t and	comple	ete						_
Type or Print Name of	Treasurer	/ickie Winpisinge	er											
Signature of Treasurer	. Electronically File	d by Vickie Win	pisinge	r		D	ate	0	2 ^M	D 1	2	Y Y 2	0 [°] 0	9
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S43	37g.		
Office Use Only				For further Federal Elec Toll Free 80 Local 202-6	ction Comr 0-424-953	missio					FOF		1	_

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